

Bryan Parks and Recreation  
Pee Wee Sports  
Registration Form

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt Size: 2-4 6-8 10-12

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Special Request: \_\_\_\_\_

Please select the sport and time:

<b>Baseball</b>	<b>Soccer</b>		<b>Basketball</b>	<b>Golf</b>
<u>Wednesdays</u>	<u>Tuesdays</u>	<u>Thursdays</u>	<u>Wednesdays</u>	<u>Mondays</u>
6:00pm _____	6:00pm _____	6:00pm _____	6:00pm _____	6:00pm _____
7:00pm _____	7:00pm _____	7:00pm _____	7:00pm _____	

**Release Statement**

I, the undersigned, hereby agree to participate in the Bryan Parks and Recreation Department's Pee Wee Sports Program. I certify that, to the best of my knowledge, the minor fore-mentioned is: physically fit and able to engage in the programmed activities. I agree to indemnify and hold the City of Bryan and its employees harmless from any liability, loss, cost or expense (including, but not limited to, attorney's fees, medical fees, and ambulance costs) that I may incur as a result of participation in any program activities. In case of emergency, I give my permission for emergency medical treatment. This statement is also valid for any minors that I allow to participate. My signature acknowledges that I understand and agree to the above conditions. \_\_\_\_\_ Initial

**Photo Release**

I, the undersigned, do hereby freely grant permission to the City of Bryan to videotape and/or take photographs of my son/daughter and me participating in activities in public places and public facilities in the community and do hereby grant them permission to publish the videotapes and/or photographs taken on television and in the newspaper or other publication for the purpose of promoting the City of Bryan. \_\_\_\_\_ Initial

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Printed Name

**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Paid: \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Staff Initial: \_\_\_\_\_  
Letter & Packet: \_\_\_\_\_ Group: \_\_\_\_\_ Coach: \_\_\_\_\_ Staff Initial: \_\_\_\_\_